Denton A. COOLEY CENTER
Activity Registration Form

elevation CORPORATE HEALTH

Cooley CENTER Johns Hopkins Medicine

Name (Last): _____ (First): _____ (MI): _____

Telephone # (home): _____ (work): _____

Email: _____

Member Number (Cooley Card #): _____

Gender
- Male
- Female

Status (check all that apply):
- Employee
- Student
- Other

Affiliation (check all that apply):
- Student of Medicine
- Student of Public Health
- Student of Nursing
- JHU
- JHH
- KKI
- BSI
- Other

Activity
- Indoor Soccer
- Basketball
- Racquetball
- Volleyball
- Dodgeball
- Badminton
- Other

Season (check one):
- Fall
- Winter
- Spring
- Summer

Type
- Intramural "A"
- Intramural "B"
- Tournament "A"
- Tournament "B"
- Other

"In consideration for my being permitted to use these facilities, I waive and release forever any and all rights, claims and damages I may have against Johns Hopkins University, Elevation Corporate Health, and their respective employees, in any manner due to personal injuries or property loss sustained by me in connection with my use of these facilities. I attest that I am physically fit to engage in the activities made available to me and that I am 18 years of age or older."

Signature: _____ Date:_____

For Office Use Only

Amount Paid	Payment Type	Date of Payment	Notes

Activity Registration Form

The team representative (captain) is responsible for the following:

1. Informing his/her team of the Cooley Center rules and regulations pertaining to intramurals
2. Making sure that all players are eligible Cooley Center members.
3. Making sure that his/her players are not listed on another team roster in the same league.
4. The payment of all necessary fees.
5. Distributing schedules of games to team members.

Team Name: _____

Team Color: _____ (must be worn by all players during games)

Team Captain: _____

Team Roster

First Name	Last Name	Member (Cooley card) #	Payment Received
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			